## **Capital Contract - OCIP**



AGREEMENT or CONTRACT #:			AGREEMENT or CONTRACT NAME/DESCRIPTION:						
INSURANCE PRODUCER:			CERTIFICATE ISSUANCE DATE		: DATE RECEIVED: RE		EFERENCE #:		
ADDRESS:			CERTIFICATE ISSUANCE DATE. DATE RESERVED.			.   ``			
PHONE #:									
FRUNE #.									
INSURED:			CO LTR	COMPANIES AFFORDING COVERAGE					
ADDRESS:			Α	A NA					
PHONE #:			В					NAIC#	
			С					NAIC#	
			D				NAIC#		
CERTIFICATE Long Island Railroad/MTA HOLDER: Attention: OCIP ADMINISTRATOR			E					NAIC #	
ADDRESS: 2 Broadway, 21st Floor New York, NY 10004							-		
			F					NAIC #	
PHONE #: (646) 252-3970			G					NAIC#	
	. ,		I					•	
СО		POLICY	FEE	ECTIVE	EXPIRATION				
LTR	TYPE OF INSURANCE	NUMBER		DATE	DATE	LIMITS			
	☐ COMMERCIAL GENERAL LIABILITY					EACH OCCURRENC		\$	
	☐ Occur ☐ SIR/Deductible \$					DAMAGES TO RENT PREMISES (Ea occu		\$	
						PERSONAL & ADV II		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREG		\$	
	Policy Project Loc					PRODUCTS - COMP	OP AGG	\$	
	Other: SIR/Deductible \$					COMBINED SINGLE	LIMIT	\$	
AUTOMOBILE LIABILITY						(Ea accident)  BODILY INJURY (Per person)  BODILY INJURY (Per accident)  PROPERTY DAMAGE (Per accident)		\$	
	☐ Any Auto ☐ Owned Autos Only ☐ Scheduled Autos ☐ Hired Autos Only ☐ Non-Owned Autos Only							\$	
								\$	
								\$	
	·					(i di diddiddin)		\$	
	☐ UMBRELLA LIAB ☐ Occur ☐ Excess Lia ☐ Claims Made					EACH OCCURRENC	E	\$	
	DED Retention \$					AGGREGATE		\$	
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY					☐ STATUTORY LIM	ITS		
	USLH Jones Act "Other States" Coverage					EMPLOYER'S LIABII	LITY	\$	
	GARAGE LIABILITY Any Auto					AUTO ONLY EACH	ACCIDENT	\$	
	Owned Autos Only Hired Autos Only					OTHER THAN	EA ACC	\$	
	Non-Owned Autos Only					AUTO ONLY	AGG	\$	
	PROFESSIONAL LIABILITY  Includes incidental Pollution Liability Deductible \$							\$	
	OTHER:							\$	
	OTHER:							\$	
OTHER:							\$		

EVIDENCE OF RAILROAD PROTECTIVE LIABILITY AND/OR BUILDER'S RISK INSURANCE, WHEN APPLICABLE, REQUIRES SUBMISSION OF THE ORIGINAL POLICY.

THE ORIGINAL BINDER(S) WILL BE ACCEPTED, PENDING ISSUANCE OF THE ORIGINAL POLICY(S). Revised 11/27/2017

CERTIFICATE OF INSURANCE (OCIP)	LIRR (Continued) Page 2
LIABILITY COVERAGES:  ADDITIONAL INSUREDS Check all that apply Coverage: General Liability, Garage Liability, Excess/Umbrella Liability  For All Long Island Rail Road Agreements:  Long Island Rail Road (LIRR)  Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates  New York & Atlantic Railway Company (when applicable)  Anacostia Rail Holdings  And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein.  CBRE INC, (or current property manager under contract at the time of Certificate Insurance) – Sutphin & 48 E50 St.,  Additional Indemnitees Required on Long Island Rail Road Agreements, depending on Location of Work:  NJ Transit Corporation/NJ Transit Rail Operations, Inc.  National Railroad Passenger Corp. (Amtrak)  Consolidated Rail Corporation  CSX Transportation Inc.  Triborough Bridge & Tunnel Authority (B&T)  Port Authority of NY & NJ	PROPERTY COVERAGES: Check all that apply  ADDITIONAL NAMED INSUREDS/LOSS PAYEE Property, Builder's Risk, etc.  For all Long Island Railroad Agreements: Long Island Rail Road (LIRR) Metropolitan Transportation Authority (MTA), and its subsidiaries and affiliates New York & Atlantic Railway Company (when applicable) Anacostia Rail Holdings And the respective affiliates and subsidiaries existing currently or in the future of and successors to each Indemnified Party listed herein CBRE INC, (or current property manager under contract at the time of Certificate Insurance) – Sutphin Ave & 48 E50 St.,  Additional Indemnitees Required on Long Island Rail Road Agreements, depending on Location of Work: NJ Transit Corporation/NJ Transit Rail Operations, Inc. National Railroad Passenger Corp. (Amtrak) Consolidated Rail Corporation CSX Transportation Inc. Triborough Bridge & Tunnel Authority (B&T) Port Authority of NY & NJ
Other	☐ Other
The undersigned insurance broker or agent represents that the Certificate of Insu	[Name of broker or agent (typewritten)]
	[Address of broker or agent (typewritten)]
	[Email address of broker or agent (typewritten)]
	[Phone number/Fax number of broker or agent (typewritten)]
	[Signature of authorized official, broker or agent]
	[Name and title of authorized official, broker, or agent (typewritten)]
State of) ) s.s.:	
County of	
Sworn to before me this day of 20	
NOTARY PUBLIC FOR THE STATE OF	